

STATE OF IDAHO - DEPARTMENT OF LABOR  
**EMPLOYER QUARTERLY  
UNEMPLOYMENT INSURANCE TAX REPORT**

CASHIER  
IDAHO DEPARTMENT OF LABOR  
317 W MAIN STREET  
BOISE IDAHO 83735-0610  
Telephone: (208) 332-3576 or (800) 448-2977

STATE ACCOUNT NUMBER:

FEDERAL IDENTIFICATION NUMBER:  
(Verify and make necessary corrections.)

1. LEGAL ENTITY NAME AND ADDRESS:

SHOW BELOW ANY CHANGES IN NAME, MAILING ADDRESS OR OWNERSHIP TOGETHER WITH EFFECTIVE DATE.	
NAME CHANGED TO:	
NEW MAILING ADDRESS:	
OWNERSHIP CHANGED:	EFFECTIVE DATE:
NEW OWNERS:	
CEASED OPERATIONS:	EFFECTIVE DATE:

**IMPORTANT:** Employers who fail to file or file false reports may be fined up to \$250.00 or 100% of the amount due, whichever is greater (Idaho Code Section 72-1372(1)).

DO NOT USE STAPLES OR PAPER CLIPS

2. DATE QUARTERLY TAX REPORT IS DUE:		
3. YEAR WAGES WERE PAID: CALENDAR QUARTER WAGES WERE PAID:		
4. TAX RATE: CONTRIBUTION RATE + ADMINISTRATIVE RESERVE RATE + WORKFORCE DEVELOPMENT RATE = %		
5. TOTAL GROSS WAGES PAID TO ALL EMPLOYEES THIS QUARTER. ENTER "0" IF NO EMPLOYMENT: (Should be the same as your Wage Report total.) (Drop cents)		00
6. WAGES PAID TO INDIVIDUAL WORKERS THIS QUARTER IN EXCESS OF \$ FOR THIS CALENDAR YEAR: (See instructions.) (Drop cents)		00
7. TAXABLE WAGES: (LINE 5 MINUS LINE 6) (Drop cents)		00
8. TAX DUE: (Multiply Line 7 by %)		
9. ADD ENTER THE LARGER OF: LATE -OR- % OF TAX DUE TIMES THE NUMBER OF MONTHS (OR PORTION THEREOF) AFTER DUE DATE PENALTY: \$ TIMES THE NUMBER OF MONTHS (OR PORTION THEREOF) AFTER DUE DATE.		
10. TOTAL DUE FOR THIS QUARTER: (LINE 8 PLUS LINE 9)		
11. PRIOR BALANCE: SUBTRACT CREDIT AND/OR ADD BALANCE DUE: (ATTACH SUPPORTING DOCUMENTS.)		
12. TOTAL AMOUNT DUE: (Check box if payment was made by E.F.T.) <input type="checkbox"/> Make checks payable to: IDAHO DEPARTMENT OF LABOR		
13. NUMBER OF WORKERS IN THE PAY PERIOD THAT INCLUDED THE 12TH OF THE MONTH. IF NO EMPLOYEES, ENTER ZERO. DO NOT LEAVE MONTHS BLANK.	1ST MONTH IN QUARTER	2ND MONTH IN QUARTER
	3RD MONTH IN QUARTER	
*** CHECK THE FOLLOWING BOX IF YOU HAVE SUBMITTED THE WAGE REPORT ON TAPE OR DISKETTE RATHER THAN ON THE REVERSE SIDE (FORM TAX026). <input type="checkbox"/>		
I CERTIFY THAT THE INFORMATION ON THIS REPORT IS TRUE AND CORRECT UNDER CRIMINAL PENALTY PROVISIONS OF THE IDAHO CODE SECTION 72-1371		
Signature _____		Phone Number _____

IMPORTANT: MAKE NO PRIOR QUARTER ADJUSTMENTS ON THIS REPORT.



**SUPPORT YOUR IDAHO NATIONAL GUARD AND RESERVES**



OFFICE USE ONLY
DATE RECEIVED OR POSTMARKED
NO 25 <input type="checkbox"/>